

Stormwater Management and Sediment Reduction Site Inspection Form

	PERMIT #:
DATE:	TIME:
PROJECT NAME:	
COUNTY:	WEATHER CONDITION:
INSPECTED BY:	FOLLOW-UP INSPECTION? YES NO
CHECK ONE OR MORE:	
1. DOES THIS SITE HAVE AN NPDES/SCR 100000 PER	MIT COVERAGE? YES NO D
2. ARE THE APPROVED PLANS ON SITE? YES	NO 🗆
3. ARE NPDES INSPECTION AND MAINTENANCE REPO	DRT FORMS COMPLETE? YES NO NO N/A
4. INSTALLTION OF STORMWATER DEVICES (Ponds, Swales, etc.). YES NO	
(a). PROPER INSTALLATION OF STORMWATER MANAGEMENT DEVICES. YES NO	
(b). PROPER MAINTENANCE OF STORMWATER MAI	NAGEMENT DEVICES. YES NO
5. INSTALLATION OF SEDIMENT CONTROL (Siit Fences	, Rock Checks, etc.). YES NO
(a). PROPER INSTALLATION OF SEDIMENT CONTRO	DL. YES NO
(b). PROPER MAINTENANCE OF SEDIMENT CONTR	OL DEVICES (Silts Fences, Checks, or Ponds). YES NO
6. DISTURBED AREA GRASSED AND/OR STABILIZED?	YES NO
7. OFFSITE IMPACT TO: NONE	WETLAND STREAM OR WATERBODY
PUBLIC RIGHT OF WAY	ADJOINING PROPERTY OWNER
SPECIFIC COMMENTS:	
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CORRECTIVE ACTION(S) TO BE TAKEN:	
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NAME OF CONTRACTOR:	
TIME ALLOWED FOR CORRECTIVE ACTION:	
ENFORCEMENT ACTION TO BE TAKEN:	
DHEC CONTACT PERSON:	PHONE #: